

THE WALTER AND ELIZA HALL INSTITUTE OF MEDICAL RESEARCH

POSTAL ADDRESS: POST OFFICE, ROYAL MELBOURNE HOSPITAL, VICTORIA, 3050, AUSTRALIA. TELEPHONE 347-1511



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DIRECTOR: PROFESSOR G. J. V. NOSSAL, C.B.E., F.A.A.

19th November, 1975.

Professor Joshua Lederberg,
Department of Genetics,
Stanford University,
School of Medicine,
STANFORD, California 94305

Dear Josh,

I am sorry I have been so slow in getting to your letter of 1st July and extract of article from the New England Journal of Medicine of 28th August, but I thought it would be helpful to generate some definite information from the Australian scene. In consultation with our Anti-Cancer Council, I now have some information which, above everything else, delineates how very complex the problem is. I hope you may find the following comments of some use.

First of all, it should be realised that very few National cancer registries have any sort of occupational information. The reason for this is that 'occupation' is extremely difficult to define and is very changeable. The information obtained from people such as chemists, and various other professional groups, is reasonably reliable but the average person entering a hospital suffering from cancer is difficult to classify in terms of occupational groupings. There is a standard coding for occupation established by the International Labour Organization and used in some segments by W.H.O. but, as stated, very few cancer registries use it because the information is so unreliable. Certainly no cancer registries in Australia record this information at the present time.

The only State in Australia which currently records cancer incidence, i.e. measures ALL cases of cancer, is New South Wales. In fact, I should have stated that they attempt to measure all cases of cancer - they are doing fairly well, in that at present they are probably getting about 80-85% of the cases. They have been going for only four years and will improve on this figure quite rapidly. We are expanding the Cancer Registry in Victoria to do the same thing over the next couple of years, and the Western Australians have the same

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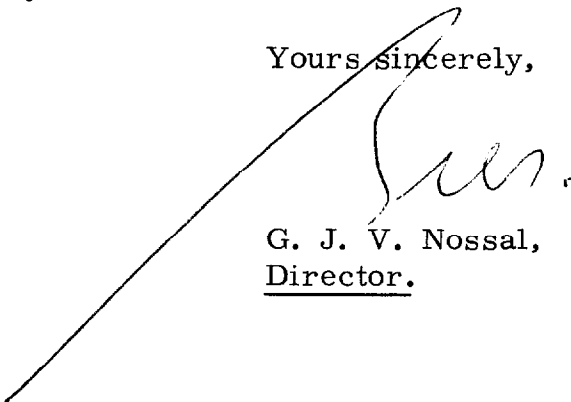
intention. I make this point because, where cancer incidence is measured, it is possible to set up special studies to look at particular population groups. These studies are rather labour intensive but can be done quite well by getting lists of the various professional groups which are to be studied and matching them with the cancer notifications as they come in. This is really the only practical way to tackle such projects - if you wait for the patients to die and then do a name-matching study with death certificates, you not only miss all the survivors but those who have usually retired from active practice before the results come through.

This sort of thing is being done for all the people who work in the asbestos mines at Wittenoom at the moment and will produce some fairly interesting results. In this particular case it is relatively easy because the tumours involved are usually mesothelioma, which is rare, or lung cancer which is usually fatal. All registries in Australia are being asked to participate but the amount of work involved is very substantial.

I am in close touch with Nigel Gray, the Director of the Anti-Cancer Council of Victoria, and I know he is most interested in helping anyone who might want to set up a study like this. As usual, the main limiting factor is finance, as these projects tend to be very labour intensive. I am watching very carefully the career of a young man whom I mentioned to you before, Dr. Jonathan Buckley, who is working with our Biomedical Computation Laboratory, and I am very hopeful that I can get the funds to send him on a short trip overseas next year, in which case I would be particularly grateful if you could spare him an hour or two to see your computer facility at Stanford and to chat with him about this problem in particular and his long term career goals in general.

Looking forward to seeing you in January and with best wishes.

Yours sincerely,



G. J. V. Nossal,
Director.

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